2008 Barthe Paperwork Re	eduction Act of 1995. r	no person are required to		and Trade	roved for use through emark Office; U.S. DE ation unless it display	06/30/2010. C	F COMMERCE			
15/	7			respond to a collection of information unless it displays a valid OMB control number  Complete if Known						
Effective on 12/08/2004.  Effective on 12/08/2004.  Effective on 12/08/2004.  Effective on 12/08/2004.			Application Number 10/627,328-C			onf. #2279				
FEE TRANSMITTAL			Filing Date		July 25, 2003					
			First Named Inventor		James P. RICHMOND					
For FY 2008			Examiner Name		S. Termanini					
Applicant claims sr	Art Unit		2178	2178						
TOTAL AMOUNT OF PAYMENT (\$) 1,860.00			Attorney Docket No. ENB-009							
METHOD OF PAYM	ENT (check all that	at apply)								
Check Credi	t Card Mo	oney Order No	ne Other (	please iden	tify):					
X Deposit Account	Peposit Account Number	·: 12-0080	Deposit i	Account Na	me: Lahive &	& Cockfield	, LLP			
<u> </u>		count, the Director i	<del></del>							
	e(s) indicated belo		<del></del>		ndicated below,		e filina fee			
	• •	or underpayments of	, H	•						
	er 37 CFR 1.16 an		x Credit	any over	payments					
FEE CALCULATION					,					
1. BASIC FILING, SEAR	<del>-</del>		***********	=><==						
	FILING s	・FEES SE Small Entity	ARCH FEES  Small Entity	EXAM	INATION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$) Fee (\$	<u>Fee (\$)</u>	<u>Fee (\$</u>		Fees P	Paid (\$)			
Utility	310	155 510	255	210	105					
Design	210	105 100	50	130	65					
Plant	210	105 310	155	160	80					
Reissue	310	155 510	255	620	310					
Provisional	210	105 0	0	0	0					
2. EXCESS CLAIM FEE	S						Small Entity			
Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>			
Each claim over 20 (inc		<b>.</b>				50	25			
Each independent claim		g Reissues)				210	105			
Multiple dependent clair		_				370	185			
		e (\$) Fee	Paid (\$)		Multiple Depend		•			
- 20 = HP = highest number of total	claims paid for, if ore	= ater than 20.	······································		Fee (\$)	Fee Paid (\$	1			
			Paid (\$)				_			
-3=	x									
HP = highest number of inde	pendent claims paid for	or, if greater than 3.								
3. APPLICATION SIZE If the specification and listings under 37 CF sheets or fraction the	drawings exceed R 1.52(e)), the ap	pplication size fee d	ue is \$260 (\$130 i				)			
Total Sheets	Extra Sheets		additional 50 or fra	ction ther	eof Fee (\$)	Fee F	Paid (\$)			
		50 =	_ (round up to a who	ole numbe	er) x	=				
4. OTHER FEE(S)	notion £120 f	(no small antitudin	nount)			Fees	<u>Paid (\$)</u>			
Non-English Specific Other (e.g., late filing	surcharge). 180	(no small entity disc 01 Request for cor 53 Extension for re	ntinued examina	tion (RC	CE) (see 37 oth		0.00 50.00			

SUBMITTED BY							
Signature	David RTS up	Registration No. (Attorney/Agent)	46,590	Telephone	(617) 994-0890		
Name (Print/Type)	David R. Burns			Date	February 25, 2008		

Express Mail Label No. EV 956466447 US Dated: February 25, 2008